



1040X-ME AMENDED

Maine Individual Income Tax Return

000181000

For tax period ____ / ____ / ____ to ____ / ____ / ____

Your First Name _____ Initial _____		Your Social Security Number _____ - ____ - ____		Was your original Maine return a <input type="checkbox"/> Short Form <input type="checkbox"/> Long Form
Your Last Name _____		Spouse's Social Security Number _____ - ____ - ____		
Spouse's First Name _____ Initial _____		Home Phone Number _____ - ____ - ____		
Spouse's Last Name _____		Work Phone Number _____ - ____ - ____		Check if: <input type="checkbox"/> You were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was 65 or over <input type="checkbox"/> Blind
Home Address (number, street and apt. no.) _____				
City/Town _____ State _____ Zip Code _____				

Check if you were engaged in **commercial farming or fishing** during the tax period shown above. ☐

Filing status claimed. Note: You cannot change from joint to separate returns after the due date has passed.

On original return > ☐ Single ☐ Married filing joint ☐ Married filing separate ☐ Head of household ☐ Qualifying widow(er)
On this return > ☐ Single ☐ Married filing joint ☐ Married filing separate ☐ Head of household ☐ Qualifying widow(er)

Residency status claimed.

On original return > ☐ Resident ☐ Nonresident ☐ Part-year resident ☐ Nonresident alien
On this return > ☐ Resident ☐ Nonresident ☐ Part-year resident ☐ Nonresident alien

Exemptions.

Number on original return > ____ On this return > a. ☐ Yourself b. ☐ Spouse Number of boxes checked on a and b ____
c. Number of your dependents ____ d. Total number of exemptions ____

Income and Deductions (Note: Be sure to complete the reverse side)	A. As last filed or adjusted	B. Net Change (Explain on page 2)	C. Correct Amount
1. Federal Adjusted gross income 1.			____,____,____.____
2. Income modifications (see instructions) 2.			____,____,____.____
3. Maine adjusted gross income (line 1 plus or minus line 2) 3.			____,____,____.____
4. Deduction <input type="checkbox"/> Standard <input type="checkbox"/> Itemized ... 4.			____,____,____.____
5. Personal Exemption Amount 5.			____,____,____.____
6. Taxable income (line 3 minus lines 4 and 5) 6.			____,____,____.____
7. Tax (from tax tables) 7.			____,____,____.____
8. Tax additions (attach Maine Schedule A) 8.			____,____,____.____
9. Low-Income Credit 9.			____,____,____.____
10. Use Tax: 10.			____,____,____.____
11. Voluntary Contributions and Park Passes 11.		CONTRIBUTION and PARK PASS AMOUNTS CANNOT BE CHANGED	____,____,____.____
12. Tax Credits (attach Maine Schedule A) 12.			____,____,____.____
13. Nonresident credit (attach Maine Schedule NR or NRH) 13.			____,____,____.____
14. Net tax and contributions: line 7 plus lines 8, 10 and 11, minus lines 9, 12 and 13 14.			____,____,____.____



Income and Deductions	A. As last filed or adjusted	B. Net Change (Explain below)	C. Correct Amount
15. Maine income tax withheld 15.			_____'_____'_____.____
16. Estimated tax payments 16.			_____'_____'_____.____
17. Deposits with extension(s) 17.			_____'_____'_____.____
18. Paid with original plus additional payments after original was filed 18.			_____'_____'_____.____
19. Total payments (add lines 15 through 18 in column C) 19.			_____'_____'_____.____
Refund or Amount You Owe			
20. Overpayment, if any, on original return or as previously adjusted by Maine 20.			_____'_____'_____.____
21. Subtract line 20 from line 19 (see instructions) 21.			_____'_____'_____.____
22. AMOUNT YOU OWE. If line 14, column C is more than line 21, enter the difference 22.			_____'_____'_____.____
23. REFUND to be received. If line 14, column C is less than line 21, enter the difference 23.			_____'_____'_____.____

EXPLANATION OF CHANGES: Explain the changes made to income, deductions, and credits. Enter the line number from pages 1 and 2 for each item you are changing and give the reason for each change. Attach supporting documents for each item changed. Be sure to include your name and social security number on the attachments.

If the change pertains to a net operating loss carryback, check the box and indicate the year in which the loss or credit occurred > ☐

IMPORTANT NOTE

If taxpayer is **deceased**,
enter **date of death**.
(Month) (Day) (Year)
____/____/____

If spouse is **deceased**,
enter **date of death**.
(Month) (Day) (Year)
____/____/____

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

X

Date

____-____-____

YOUR OCCUPATION

SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN)

X

Date

____-____-____

SPOUSE'S OCCUPATION

Paid Pre-preparer's Use Only

PREPARER'S SIGNATURE

X

DATE

____-____-____

PREPARER'S PHONE NUMBER

____-____-____

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED):

ADDRESS
CITY/TOWN STATE ZIP CODE

PREPARER'S EIN or PTIN

____-____-____

Office use only:

PP ☐ IS ☐ ☐

revised 10/00